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SWAFFHAM URBAN DISTRICT COUNCIL

ANNUAL REPORT

- of the -

MEDICAL OFFICER OF HEALTH

together with
the

REPORT

of the

PUBLIC HEALTH INSPECTOR

1963

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STAFF

Medical Officer of Health:	A. Afnan, M.D., D.L.O., D.P.H., L.A.H.
Public Health Inspector :	John Miles, M.Inst.H.E., C.R.S.I.

COMMITTEES concerned with matters of PUBLIC HEALTH

Finance and General Purposes Committee
Housing Committee
Water Supplies and Sewerage Committee

GENERAL STATISTICS

Area in acres	7,592
Population (estimated at mid-year by Registrar General) ..	3,250
Number of Inhabited Houses ..	1,172
Rateable Value	£94,835
Product of 1d. Rate	£387

URBAN DISTRICT COUNCIL OF SWAFFHAM

ANNUAL REPORT OF MEDICAL OFFICER OF HEALTH, 1963

Mr. Chairman,

Ladies and Gentlemen,

I have the honour to present to you my first report on the health services of the district for the year ending 31st December, 1963; Dr. A.S. Dunn being the Medical Officer of Health until his resignation in May this year. My duties as Medical Officer of Health commenced at the beginning of August, 1964.

Introduction

The population of the district in 1963 as estimated by the Registrar-General was 3,250, this is 30 more than last year's figure of 3,220. The adjusted birth rate is 16.5 and the adjusted death rate is 11.7 which is lower than that of England and Wales.

During the year 56 children were born against 44 deaths. The infant mortality was nil. The deaths were most commonly attributed to diseases of the heart and blood vessels. Death from Cancer took second place. There were no deaths from Tuberculosis in 1963, but at the end of the year there were two more cases on the register.

During the year the welfare centres for infants were held twice monthly. These centres also sold and distributed National Welfare Foods as well as Proprietary Baby Foods.

There were 86 cases of measles notified during the year, otherwise there were very few cases of infectious disease.

Acceptance of immunisation against Diphtheria, Whooping Cough and Tetanus was slightly lower in 1963. Concentration on vaccination against Polio had produced an excellent result as far as our children are concerned. Most of the vaccine used in 1963 was given by mouth and only a few persons preferred to complete their courses with the salk vaccine as used for earlier doses. School children between five and twelve years of age are given a fourth dose to keep immunity at peak level.

During the year, 207 primary smallpox vaccinations and 19 re-vaccinations were done in the Health Area No. 6.

In this Health Area No. 6 (Wayland Rural District, Swaffham Rural District, Swaffham Urban District and Thetford Municipal Borough), 564 School children had skin Tuberculin tests, 36 of them were absent on the reading day. Of the 528 remaining 65 of them were positive and did not need vaccination and 462 of them were vaccinated.

May I in conclusion, express my gratitude to the Chairman and Members of the Health Committee for their interest and support during the year. I would also like to pay tribute to all members of my staff for their excellent services.

I have the honour to be,

Your obedient Servant,

A. AFNAN.

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SWAFFHAM URBAN DISTRICT

Table 1. GENERAL STATISTICS

Area (in acres)	7,592
Estimated Resident Population	3,250
Rateable Value	£94,835
Sum produced by a Penny Rate	£387

Table 2. LIVE BIRTHS

	Males	Females	Total
Legitimate	33	21	54
Illegitimate	2	-	2
Totals	35	21	56

Live Birth Rate per 1,000 of estimated resident population :-

Crude	17.2
Adjusted	16.5

Table 3. STILL BIRTHS

	Males	Females	Total
Legitimate	-	-	-
Illegitimate	-	-	-
Totals	Nil	Nil	Nil

Table 4. TOTAL BIRTHS

	Males	Females	Total
Live	35	21	56
Still	-	-	-
Totals	35	21	56

Table 5. INFANT DEATHS

(a) Infant Mortality (Deaths of Infants under 1 year)

	Males	Females	Total
Legitimate	-	-	-
Illegitimate	-	-	-
Totals	Nil	Nil	Nil

Infant Mortality Rates:

Total = NIL (per 1,000 live births)
Legitimate = NIL (per 1,000 legitimate births)
Illegitimate = NIL (per 1,000 illegitimate births)

(b) Neo-Natal Mortality (Deaths of Infants during first four weeks)

	Males	Females	Total
Legitimate	-	-	Nil
Illegitimate	-	-	Nil

Neo-Natal Mortality Rate (per 1,000 live births) = NIL

(c) Early Neo-Natal Mortality (Deaths of Infants under 1 week)

	Males	Females	Total
Legitimate	-	-	Nil
Illegitimate	-	-	Nil

Early Neo-Natal Mortality Rate (per 1,000 live births) = NIL

(d) Perinatal Mortality (Still births and deaths under 1 week)

	Males	Females	Total
Legitimate	-	-	Nil
Illegitimate	-	-	Nil

Perinatal Mortality Rate (per 1,000 total births) = NIL

Table 6. ILLEGITIMATE BIRTHS

Males - 2 Females - Nil Total - 2 = 3.6% of Total Live Births.

Table 7. MATERNAL DEATHS (including abortion) = NIL

Maternal Mortality Rate (per 1,000 total births) = NIL

Table 8. DEATHS (All Ages)

Males	Females	Total
19	25	44

Crude Death Rate (per 1,000 of estimated Resident Population) = 13.5

Adjusted Death Rate (per 1,000 of estimated Resident Population) = 11.7

Table 9. CAUSE OF DEATH OF INFANTS UNDER ONE YEAR

	Males	Females	Total
Pneumonia	-	-	-
Congenital Malformations	-	-	-
Totals	Nil	Nil	Nil

Table 10. NOTIFICATIONS OF DEATHS RECEIVED DURING THE YEAR (According to Age Groups)

	Males	Females	Total
Under 4 weeks	-	-	-
4 weeks and under 1 year	-	-	-
1 year and under 5 years	-	-	-
5 " " " 15 "	-	-	-
15 " " " 25 "	-	1	1
25 " " " 35 "	-	-	-
35 " " " 45 "	-	-	-
45 " " " 55 "	2	1	3
55 " " " 65 "	3	2	5
65 " " " 75 "	11	3	14
75 " " over	3	18	21
Totals	19	25	44

Table 11. CAUSE OF TOTAL DEATHS (Registrar-General)

Cause	M.	F.	Total
1. Tuberculosis, respiratory.	-	-	-
2. Tuberculosis, other.	-	-	-
3. Syphilitic disease	-	-	-
4. Diphtheria.	-	-	-
5. Whooping Cough.	-	-	-
6. Meningococcal infection.	-	-	-
7. Acute Poliomyelitis.	-	-	-
8. Measles.	-	-	-
9. Other infective and parasitic diseases.	-	-	-
10. Malignant neoplasm, stomach.	1	-	1
11. Malignant neoplasm, lung, bronchus.	2	-	2
12. Malignant neoplasm, breast	-	1	1
13. Malignant neoplasm, uterus.	-	-	-
14. Other malignant and lymphatic neoplasms.	1	-	1
15. Leukemia, Aleukemia.	-	1	1
16. Diabetes.	-	-	-
17. Vascular lesions of nervous system	3	9	12
18. Coronary disease, angina	6	4	10
19. Hypertension with heart disease.	-	-	-
20. Other heart diseases.	1	4	5
21. Other circulatory disease.	-	1	1
22. Influenza	1	-	1
23. Pneumonia.	1	1	2
24. Bronchitis	-	1	1
25. Other diseases of respiratory system	-	-	-
26. Ulcer of stomach and duodenum.	-	1	1
27. Gastritis, enteritis and diarrhoea.	-	-	-
28. Nephritis and nephrosis.	1	-	1
29. Hyperplasia of prostate.	-	-	-
30. Pregnancy, childbirth and abortion.	-	-	-
31. Congenital malformations.	-	-	-
32. Other defined and ill-defined diseases.	2	2	4
33. Motor vehicle accidents.	-	-	-
34. All other accidents.	-	-	-
35. Suicide.	-	-	-
36. Homicide and operations of War.	-	-	-
Totals	19	25	44

Table 12. COMPARISON WITH PREVIOUS YEARS

	1963	1962	1961	1960	1959
Estimated Population	3,250	3,220	3,170	3,190	3,150
Total Births	56	59	50	49	55
Total Deaths	44	43	38	27	35
Birth Rate (Crude)	17.2	17.8	15.8	15.3	17.2
Death Rate (Crude)	13.4	13.4	12.0	8.4	10.9
Infant Deaths	Nil	Nil	Nil	Nil	Nil
Infant Mortality Rate	Nil	Nil	Nil	Nil	Nil
Stillbirths	Nil	1	Nil	2	Nil

Table 13(a). NOTIFICATION OF INFECTIOUS DISEASES (EXCLUDING TUBERCULOSIS) ACCORDING TO AGE GROUPS - SWAFFHAM URBAN DISTRICT

	AGE GROUP										Total
	Under 1	1	2	3	4	5-9	10-14	15-24	Over 25	Age Unknown	
Scarlet Fever	-	-	-	-	-	2	-	-	-	-	2
Whooping Cough	-	-	-	-	-	-	-	-	-	-	-
Measles	2	6	5	6	8	54	2	-	-	1	84
Dysentery	-	-	-	-	-	-	-	-	-	-	-
Meningococcal Infection	-	-	-	-	-	-	-	-	-	-	-
Totals	2	6	5	6	8	56	2	-	-	1	86

Table 13(b).

	AGE GROUP						Total
	Under 5	5-14	15-44	45-64	Over 65	Age Unknown	
Pneumonia	-	-	-	1	1	-	2
Acute Encephalitis (infective)	-	-	-	-	-	-	-
Food Poisoning	-	-	-	-	-	-	-
Puerperal Pyrexia	-	-	-	-	-	-	-
Totals	-	-	-	1	1	-	2

Table 14. TUBERCULOSIS REGISTER - SWAFFHAM URBAN DISTRICT

Respiratory				Other			Grand Total
Year	M	F	Total	M	F	Total	
1963	7	3	10	-	-	-	10
1962	7	1	8	-	-	-	8
1961	7	-	7	-	-	-	7
1960	7	-	7	-	-	-	7
1959	7	-	7	-	-	-	7

Table 15. TETANUS IMMUNISATION 1963 - Health Area 6.

-	AGE GROUP			Total
	0-4	5-15	16 and over	
Primary Booster	597 90	43 122	150 50	790 262
Totals	687	165	200	1052

Table 16. DIPHTHERIA IMMUNISATION - Health Area 6.

Children born in years :	Primary Injections	Booster Injections	Total
1963	238	-	238
1962	358	24	382
1961	61	52	113
1960	20	21	41
1959	4	14	18
1954-1958	19	150	169
1949-1953	2	17	19
Totals	702	278	980

Table 17. WHOOPING COUGH IMMUNISATION - Health Area 6.

Year of Birth	Number of Children
1963	234
1962	283
1961	48
1960	12
1959	4
1954-1958	20
1949-1953	1
Total	602

Table 18. SMALLPOX VACCINATION - Health Area 6.

Age at date of Vaccination	NUMBER OF PERSONS VACCINATED (OR REVACCINATED DURING PERIOD)	
	Number vaccinated	Number revaccinated
0-3 months	48	-
3-6 months	17	-
6-9 months	17	-
9-12 months	17	-
1 year	70	-
2-4 years	20	1
5-14 years	18	18
15 or over	-	-
Totals	207	19

Table 19. POLIOMYELITIS - Health Area 6.

Number of persons who received:			Total
Third dose of oral vaccine	Third injection of salk vaccine	Reinforcing dose of oral vaccine after two salk	
562	38	109	709

The number of persons in this County Health Area who have completed a three dose course is 15,183. There are some 39,000 people living in the Area. As the vaccination is on offer, with few exceptions, only to those under forty it follows that a very high proportion of those eligible are protected. At the beginning of the year 14,474 had had three doses, thus in the year 1963 another 709 completed the course.

Infant Mortality

Deaths of infants in the first week are often due to similar causes as are stillbirths. Infant mortality has been a subject of extensive study, and the National Birthday Trust published this year the result of investigations into such deaths. They include studies on income, nutrition, medical skill, the growth of public health and hygiene, differences in family size, housing conditions, class differences, mothers' education and maternal abilities, whether she works or not during pregnancy and what use she makes of ante-natal care and specialist medical services, and whether she has her baby at home or hospital. Each one of these factors may play a greater or lesser part in infant mortality.

Congenital causes of death now assume the greatest importance. There should be more research into the process of gestation and the reasons for underlying prematurity. It would appear that much could be done to avoid mortality among those vulnerable infants. Care and attention must be directed to the vulnerable infants, for example there is evidence that premature babies are not taken to welfare centres with any more regularity that other children, nor do their mothers seek extra medical advice. An early and regular pre-natal care and hospital confinement would considerably improve the pre-natal and neo-natal deaths.

The health services cannot by themselves achieve all that is possible in the reduction of infant mortality. What is also needed is that more use should be made of the available maternity services by expectant mothers. The type of education received by an individual plays an important part in shaping parental behaviour and attitude.

It is the responsibility of the family doctor to see that his patients receive proper ante-natal care and that satisfactory arrangements are made for the delivery, even when he does not himself undertake either or both.

Cancer

The recent medical discoveries have shown that Cancer does not arise spontaneously from otherwise normal tissues, but is typified by early changes which, when detected, provide an opportunity for effective treatment.

Because of delay in consulting a doctor, there was a much longer gap than necessary between the actual and potential results of curative procedure for Cancer. Delay was natural, being the result of fear of what is regarded as a fatal disease. One way to eliminate this fear is by carefully conceived health education. Publicity must stress the preventive aspect of it and facilities for tests must be provided in Public Health Clinics and Doctors' Surgeries. The family Doctor must play an active role and realise that the tests are not only diagnostic but preventive, and people must be encouraged to overcome their reluctance to go to the Doctor with symptoms which they think he might consider trifling.

Tuberculosis

I wish to refer to the continued flow of immigrants into this country, without screening for tuberculosis. In some Afro-Asian countries the incidence of tuberculosis is very high and there is the possibility of importing active cases in considerable numbers. These tuberculous migrants are a particular menace to their compatriots for they tend to live together in overcrowded conditions ideal for the spread of infection. To require an X-ray of the chest on entry and six months afterwards a re-examination, is highly justifiable. Chest Physicians have been pressing for government action on this particular problem for years with no result.

Smallpox

In an earlier part of this Report reference was made to the laxity in the matter of the health of immigrants. The Ministry of Health's review of the Smallpox incidents between December 1961, and April 1962, has recently been published and in it there are some lessons for the future.

Smallpox was epidemic in Karachi from November 1961 to February 1962. All governments are advised of epidemics by the World Health Organisation, yet until the first case appeared in Britain, there were, to quote the British Medical Journal, "no enhanced precautions other than casual checking of vaccination certificates". Indeed, the regulations empowering Medical Officers at airports and seaports to demand production of an International Certificate of Vaccination came into operation only in August, 1963. If the traveller does not have such a Certificate, he may be offered vaccination or required to give his address and future movements so that he can be kept under surveillance.

As the number of visitors, tourists and immigrants to this country are increasing every year, and some of them are coming from countries where there are Smallpox epidemics, therefore, my strong advice to the parents is to vaccinate their children at an early age.

SWAFFHAM URBAN DISTRICT COUNCIL

PUBLIC HEALTH INSPECTOR'S REPORT FOR YEAR, 1963

HOUSING

Twenty-five new houses were built during the year; fourteen by private enterprise and eleven by the Council. There is every reason to believe that even better progress will be made next year as a result of the Council's decision to extend main services to potential building land to the south of the present built-up area.

Improvement Grants were authorised in two cases, and eight new loans were negotiated under the Small Dwellings Acquisition Acts. The Council also took a progressive step in accepting a tender for the improvement of forty-five pre-war houses. These houses will be provided with an indoor W.C., bathroom complete with hot water supply, and a new sink unit. The alterations have been planned so as not to reduce the existing bedroom accommodation.

By means of individual closing and demolition orders, twelve houses were removed from the shrinking list of sub-standard dwellings. In common with other authorities, the Council is occasionally vexed by problem families, (who are by no means all of low mentality as some sociologists would have us believe) and from time to time the well-worn theory of "half-way" houses has been aired. Whilst there can be little doubt that the purchase of a few older houses would be sound policy, it is to be hoped that such properties would not be used to form the nucleus of a squalid little colony of large families and lax parents.

SEWERAGE AND SEWAGE DISPOSAL

For the second successive year, it is with regret that we can show little or no progress in this most important service. Swaffham shews every sign of growth as a residential market town, with sufficient industry to form a well balanced community. So long as we have to rely on the existing antiquated and inadequate method of sewage disposal, natural development is of necessity inhibited and any industry with a large trade effluent would have to be turned away. The scheme for a new sewage disposal works must be given urgent priority. The fact that the Council have accepted a tender for the sewering of the whole of the Cley Road area must surely add point to this argument.

WATER SUPPLY

It is with relief that we can report the installation of a new stand-by generator at the Waterworks. Interruptions in the public electricity supply are admittedly infrequent, but with only an hour's storage, Swaffham could not afford the slightest cut in service. The new plant has been designed to cut in automatically whenever the supply of electricity fails, and already the town has had reason to be grateful for the Council's foresight in this matter.

During the year a 4" main was extended from Coronation Grove to Westacre Road, and a 3" main from White Cross Road to the new estate at Hillside.

As with almost every other water undertaking in the country, Swaffham had its period of trial during the intensive cold spell which made history in January and February. With the exception of three or four 2" services on the perimeter of the district, none of the actual mains were out of action, chiefly due to the fact that water is boosted directly into the system throughout the day. The hardship was felt primarily by those householders whose supply pipes were old and shallow, for in over four hundred Council houses, less than twenty suffered from frozen service pipes. A temporary standpipe and an improvised water carrying service helped to alleviate difficulty, and normal service was restored in March.

WATER SUPPLY (Continued)

Regular sampling of water supplies revealed a consistently high standard of purity, and the following report from the Public Analyst is typical :-

" LINCOLNE SUTTON AND WOOD, Public Analysts

Cert. No. P.1002
Lab. No. 6139/W 1st July 1963.

CERTIFICATE OF ANALYSIS OF WATER

Sample received 6th June 1963 from Swaffham U.D.C.

Marked Bore Water, Public Supply.

Appearance when received	Clear.		
Nature of Deposit	Nil		
Colour	Nil	Odour	Nil
Reaction Faintly alkaline	pH 7.8	Taste	Satisfactory

RESULTS OF CHEMICAL ANALYSIS IN PARTS PER MILLION

Ammoniacal nitrogen	0.01
Albuminoid nitrogen	0.01
Nitrate nitrogen	18
Nitrite nitrogen	Nil
Chlorine as chlorides	42

BACTERIOLOGICAL RESULTS

Number of colonies developing per ml. in 48 hours at 37°C	Nil
Presumptive coliform organisms - Probable Number per 100 ml.	Nil

OPINION

This water is of very good organic quality and the bacteriological condition is excellent. The odour, taste and appearance are all satisfactory and in our opinion this water is fit for drinking purposes. "

Water resources are ample, and of the 1172 houses in the district, approximately 1100 are supplied with mains water. Of this number, perhaps 30 still rely on standpipes, so that it might be said that 3000 of the population have indoor water supplies and the remainder draw from wells or standpipes.

In order that we may not seem to be too complacent in this matter, it would perhaps be opportune to point out that the extensions which are now being made to the new residential areas are being made at a sacrifice of pressure in the higher parts of the town. The time is not so far away when the Council will be asked to increase the size of the mains in the town centre, for were it not for the booster system, these mains would already be inadequate.

FOOD AND MEAT INSPECTION

The standard of hygiene in food shops was well maintained although in one or two instances improvements have been suggested. The slaughterhouse was, of course, the source of the bulk of inspection work. Happily the business is controlled by a company quite as keen on good standards as we ourselves endeavour to achieve, and the Manager was a model of co-operation. A new coldstore and additional lairages have been provided, and nuisance is kept to a minimum. Bovine tuberculosis is now almost a rarity whereas less than five years ago it was quite a commonplace occurrence. There were twenty-one cases of cysticercus bovis, and the carcases in such cases were given the usual treatment in the adjoining coldstore which is in the same ownership as the slaughterhouse.

RODENT CONTROL

The usual number of domestic premises were treated for the odd rat, and the only major infestation was at the Council's refuse tip. This was systematically dealt with, but the complete elimination of this type of infestation is practically impossible.

PUBLIC CLEANSING

The house refuse collection service operated without complaint even through the difficult winter conditions, and every part of the Council's area is now covered.

The steady growth of new housing and steady pressure on owners of older houses has brought about a very gratifying decrease in the number of premises still relying on the conservancy system. Time and money spent on night soil collection has been considerably reduced as a consequence.

JOHN MILES

Public Health Inspector.

PUBLIC HEALTH INSPECTOR'S REPORT FOR THE YEAR, 1963

PUBLIC HEALTH INSPECTION OF AREA

Item	Description	Inspections	Notices Served	Nuisances abated
1	Factories and Workshops	12	-	-
2	Bakehouses, Foodshops, Markets and Abbatoir	306	-	-
3	Housing Defects (Housing Act, 1957)	41	-	-
4	Middens, Ashpits and Bins (Public Health Act, 1936)	4	2	2
5	Infectious diseases	1	-	-
6	Dangerous Buildings	4	-	-
7	Rodent Control (Pests Act, 1949)	11	-	-
8	Tents, Vans, Sheds etc.	1	-	-
9	Water Supply	8	-	-
10	Drains, Cesspools, Vaults Pail and Water Closets and Drainage of Premises	84	-	-
	TOTAL :	472	2	2

NOTE :

Council house inspections are not included in this table, and though meat inspections call for two or three visits per day to the same slaughterhouse, this is recorded as a single inspection in the summary.

PUBLIC HEALTH INSPECTOR'S REPORT FOR YEAR, 1963

Carcases Inspected and Condemned

Item	Description	Cattle	Calves	Sheep & Lambs	Pigs	Total
1	Number killed and inspected	6,851	2	8,399	14,502	29,754
2	All diseases except Tuberculosis Whole carcases condemned	1	-	1	5	7
3	Carcases of which some part or organ was condemned	2,340	-	422	1,836	4,598
4	Percentage of the number inspected affected with a disease other than Tuberculosis ignoring broken legs or tissues defective from fighting, fences, etc.	34%	-	5%	13%	15%
5	Tuberculosis only Whole carcases condemned	-	-	-	2	2
6	Carcases of which some part or organ was condemned (taking into account that the offal, head and tongue, etc. may be parts of one animal).	26	-	-	194	220
7	Percentage of the number inspected affected with Tuberculosis	0.4%	-	-	1.3%	0.7%
8	Average number of animals slaughtered per week	132	-	161	279	572
9	Percentage examined by the Meat Inspector	100	100	100	100	100